

UNEMPLOYMENT INSURANCE CLAIM: CLAIMANT INFORMATION

1. Social Security Account Number

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PLEASE PRINT. SHADED AREAS ARE FOR OFFICE USE ONLY.

2. Have you filed a claim for Unemployment Insurance benefits at this or any other office or in any other state during the past 12 months? Yes ☐ No ☐

A. If YES, please give location: _____

3. _____
(Last Name) (First Name) (M.I.) (Name Worked Under, If Different)

4. _____
Mail Address: (No. and St., P.O. Box, or RFD No./Apt. No.) (City or Town) (State) (Zip Code)

5. _____
Home Address: (Complete only If Different from Mail Address) (City or Town) (State) (Zip Code)

6. Telephone Number: (____) _____ - _____

7. Birth Date: _____ - _____ - _____

8. Sex: Male ☐ Female ☐

9. (Optional) Are you handicapped? Yes ☐ No ☐

10. (Optional) Race: ☐ White (1) ☐ Black (2) ☐ Am. Indian/Alaskan Native (4) ☐ Asian (5) ☐ Native Hawaiian/Other Pacific Islander (7)

11. (Optional) Hispanic? ☐ Yes ☐ No 12. Years of Education: _____ 13. Are you a veteran? ☐ Yes ☐ No

14. I hereby certify, under penalty of perjury, that I am a citizen of the United States. Yes ☐ No ☐

A. If "No" is checked, complete the following: I hereby certify under penalty of perjury, that I am in satisfactory immigration status. Yes ☐ No ☐

B. If you are not a citizen or national, enter your INS work authorization document number..... **A**

15. Do you have any dependent children? Yes ☐ No ☐

16. Are there any personal, domestic, medical or other reasons which would prevent your accepting work on any full-time shift which is customary to your usual occupation or any other occupation to which you are reasonable suited? Yes ☐ No ☐

17. During the past 15 MONTHS were any of the businesses for which you worked owned or partly owned by yourself or a family member? Yes ☐ No ☐

If YES, enter the employer's name(s) and relationship: _____

18. In the past 15 MONTHS have you been engaged in any business activity as an officer of a corporation? Yes ☐ No ☐

19. Are you receiving, or have you received, or do you expect to receive WORKERS' COMPENSATION? Yes ☐ No ☐

20. Are you a union member who is currently seeking work exclusively through a hiring hall or business agent? Yes ☐ No ☐

21. Have you been notified by an employer of a definite return to work date? Yes ☐ No ☐

If Yes, A. Employer name is: _____

B. What is your scheduled return to work date? _____ / _____ / _____ C. Was the return date given in writing? Yes ☐ No ☐

22. Are you CUSTOMARILY laid off and return to work with the same or different employer in your: Yes ☐ No ☐

A. Industry? Yes ☐ No ☐

OR

B. Occupation? Yes ☐ No ☐

23. Were you notified, IN WRITING, by any of your employers during the last 15 MONTHS that you were a seasonal employee? Yes ☐ No ☐

IF YES, enter the seasonal employer's name(s): _____

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File Date: _____ / _____ / _____

Effective Date: _____ / _____ / _____

SOC Code: _ _

Is there a predate issue? Yes ☐ No ☐

Location Code: _ _ _

Duplicate SSN: _ _

24. STARTING WITH YOUR MOST RECENT JOB AND IN REVERSE ORDER, COMPLETE YOUR EMPLOYMENT HISTORY. IN ORDER TO PROCESS YOUR CLAIM ALL JOBS DURING THE LAST 15 MONTHS MUST BE INCLUDED.

Name of Company/Employer	Occupation	Start Date	End Date
		()	-
Street Address	City/Town	Zip Code	Telephone Number
Reason for Separation:			
<input type="checkbox"/> L - Lay Off	<input type="checkbox"/> Q - Quit	<input type="checkbox"/> D - Discharge	<input type="checkbox"/> A - Leave of Absence
<input type="checkbox"/> R - School Employee/ Reasonable Assurance/Expects to return to work	<input type="checkbox"/> M - Suspension	<input type="checkbox"/> S - Lockout/Strike	<input type="checkbox"/> C - Court Conviction
<input type="checkbox"/> E - Still Employed			
a. Are you receiving or have you received, or do you expect to receive from THIS employer: Separation pay, dismissal pay, or termination pay?.....			
Vacation allowance?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
b. During the last 15 MONTHS did you start to receive (or did you receive in lump sum) or will you be receiving within the next 52 WEEKS any type of retirement income, including pension or any other form of retirement?.....			
Yes <input type="checkbox"/> No <input type="checkbox"/>			

Name of Company/Employer	Occupation	Start Date	End Date
		()	-
Street Address	City/Town	Zip Code	Telephone Number
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Vacation allowance?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
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Yes <input type="checkbox"/> No <input type="checkbox"/>			
<input type="checkbox"/>			

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Yes <input type="checkbox"/> No <input type="checkbox"/>			
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Yes <input type="checkbox"/> No <input type="checkbox"/>			

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DUA Employer ID. #: _____

Accept Wages? Yes ☐ No ☐ N/A ☐

Seasonal Emp.? Yes ☐ No ☐

Interested Party Emp.? Yes ☐ No ☐

School Emp.? Yes ☐ No ☐

Form Type: _____

Reason for Discrepancy? _____

Comments: _____

DUA Employer ID. #: _____

Accept Wages? Yes ☐ No ☐ N/A ☐

Seasonal Emp.? Yes ☐ No ☐

Interested Party Emp.? Yes ☐ No ☐

School Emp.? Yes ☐ No ☐

Form Type: _____

Reason for Discrepancy? _____

Comments: _____

DUA Employer ID. #: _____

Accept Wages? Yes ☐ No ☐ N/A ☐

Seasonal Emp.? Yes ☐ No ☐

Interested Party Emp.? Yes ☐ No ☐

School Emp.? Yes ☐ No ☐

Form Type: _____

Reason for Discrepancy? _____

Comments: _____

25. ARE THERE ADDITIONAL EMPLOYERS FOR WHOM YOU WORKED IN THE LAST 15 MONTHS? Yes ☐ No ☐